

Summer Science Institute

20 PARTICIPANT APPLICATION



This application is designed to allow the SSI team to better understand you as a student. Please complete all possible fields such that we can more fully evaluate how SSI fits into your future, and how you fit into SSI. When you are finished, **please email the completed application to apply@summerscienceinstitute.org.**

Applicant Contact Information

Name

First

Last

Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Housing during Academic Year: With Family/Relatives Off Campus

On Campus Other _____

Gender: Male Female Birth date (mm/dd/yyyy):

Email

Phone (preferably cell phone)

 - -

(###) ### ####

Emergency Contact Information

Name

First

Last

Relationship

Phone

 - -

(###) ### ####

Family Information

Parent/Guardian Occupation

Parent/Guardian Highest Education Level

Parent/Guardian Occupation

Parent/Guardian Highest Education Level

Parent/Guardian Occupation

Parent/Guardian Highest Education Level

Siblings' Educational Level (if applicable)

Relationship

Educational Level

Relationship

Educational Level

Relationship

Educational Level

Relationship

Educational Level

Relationship

Educational Level

Language Commonly Spoken at Home

Ethnicity (optional)

Educational Information

Current Institution (i.e. name of college/high school)

Year in School

Current Cumulative GPA

Will you be matriculating at SFSU in the fall and spring semesters following SSI?

Fall

Spring

Fall and Spring

How did you hear about SSI (Flyers, classroom, advising, Professor, Step to College, etc)?

Science Coursework Completed (High School and College)

Chemistry

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Course Name

Grade

School

Comment

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Course Name

Grade

School

Comment

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Course Name

Grade

School

Comment

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Course Name

Grade

School

Comment

Math

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Course Name

Grade

School

Comment

--	--	--	--

Course Name

Grade

School

Comment

--	--	--	--

Course Name

Grade

School

Comment

--	--	--	--

Course Name

Grade

School

Comment

Biology

--	--	--	--

Course Name

Grade

School

Comment

--	--	--	--

Course Name

Grade

School

Comment

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Course Name

Grade

School

Comment

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Course Name

Grade

School

Comment

Physics

Course Name	Grade	School	Comment

Course Name	Grade	School	Comment

Course Name	Grade	School	Comment

Course Name	Grade	School	Comment

Computer Science

Course Name	Grade	School	Comment

Course Name	Grade	School	Comment

Course Name	Grade	School	Comment

Course Name	Grade	School	Comment

Financial Information

Will you be working during this summer? Please briefly explain.

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Are you currently receiving or eligible to receive financial aid? What is your primary source of monetary support?

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Tell us about yourself

What are your long-term professional goals? In what community or setting do you imagine yourself working in?

What exposure have you had to the health care professions? Are there any specific health care fields that you would like to learn about?

What hardships have you had to overcome (if any) in your personal or academic life?

Did you take college prep courses in high school? Whether or not you took college prep courses, how well do you feel that your high school experience prepared you for college courses?

Please critically examine what you believe to be your strengths and weaknesses as a student.

Are you planning on taking classes during this summer? If so, which classes?

Thank you for completing the Summer Science Institute application. Please email this completed application to apply@summerscienceinstitute.org. If you have any questions, please contact us at contact@summerscienceinstitute.org.

The goal of SSI is to help economically and/or educationally disadvantaged students gain entry into the health profession of their choice to help reach the goals of improved community health and overall social justice.